



Provider Reassessor Required Forms

All applicable forms should be completed and uploaded into the attachments of the HCBS Web Tool upon completion of the reassessment.

The following forms are required at each reassessment. Please remember to choose the appropriate Participant Choice Statement and Rights and Responsibilities based on the services the reassessed participant is receiving.

- ☐ [HCBS Care Plan & Participant Statement](#) — [Instructions \(Agency, CDS, and ADC\)](#)
 - ☐ [Adult Day Care Participant Rights and Responsibilities](#)
 - ☐ [Agency Model Participant Rights and Responsibilities](#)
 - ☐ [CDS Participant Rights and Responsibilities](#)
- ☐ [Participant Choice Statement Form \(with participant signature\)](#) — [Instructions \(RCF/ALF\)](#)
- ☐ [RCF/ALF Personal Care Participant Rights and Responsibilities](#)
- ☐ [HCBS Assessment Attestation Form](#) — [Instructions](#)

Additional forms may be required dependent upon the participant's needs. The following forms and others found within the HCBS Policy Manual should be used as needed during each assessment:

- ☐ [In-Home Services Worksheet](#) — [Instructions](#)
- ☐ [Consumer-Directed Services Worksheet](#) — [Instructions](#)
- ☐ [SLUMS Form](#) — [Instructions](#)
- ☐ [Self-Direction Questionnaire](#) — [Instructions](#)
- ☐ For any additional forms, please see the [HCBS Policy Manual](#)